CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMM	/ITTEE	,	
7/10/2014		on 2, LLC		
2. SHORT NAME OF COMMITTEE (IF APPLICATION OF YES ON 2	BLE)			
3 ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
PO Box 120796	Nashville	TN	37212	THORE
4. MEASURES SUPPORTED OR OPPOSED				
Judicial Selection Amendme	ent #2 to the S	State Constitution		
5.A. NAME OF POLITICAL TREASURER Kimberly Kaegi				EAPPOINTED //17/2014
6. CATEGORY OR REPORT (Check one)			- i	П
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER PF	PRE- PRE- RIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
7.A. BEGINNING DATE OF REPORTING PERIOD	QOARTER 71	7.B. ENDING DATE OF REPOR		SOFFLEINENTAL
4/1/2014		6/30/2014		
8. (Check one)				
A. This committee is exempt from detail expenditures total \$1,000 or less for is true and that the committee has co and 10f must also be completed.)	this reporting period.	I do solemnly swear or affirm	that the information co	ontained in this statement
B. X This committee is required to file a de \$1,000 and/or expenditures total mor tained in this statement is true and the tures requried to be reported by politics. 4	e than \$1,000 for this at the following page(reporting period. I do solemn s) are a complete and accura	lly swear or affirm that te accounting of all co	the information con-
9. WITNESS SIGNATURE	the ,	signature of witness		7-8-14 date 23
10. SUMMARY			0.00	
a. BALANCE ON HAND LAST REPORT			\$	
b. TOTAL RECEIPTS THIS PERIOD			\$403,501.00	. σ
c. TOTAL DISBURSEMENTS THIS PERIOD	······································	***************************************	\$52,581.93	
d. BALANCE ON HAND (10.a. plus 10.b. r	ninus 10.c.)			350.919.07
e. TOTAL LOANS OUTSTANDING				0.00
f. TOTAL OBLIGATIONS OUTSTANDING				0.00

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12.	REPORT COVE	ERING	THE PERIOD
Vote Yes on 2, LLC	FRO	ом: 4/1/2014	TO:	6/30/2014
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)				
а. Unitemized Contributions (\$100 or less from each source this period)	\$	1.00)_	
b. Itemized Contributions (over \$100 from each source this period)	\$	403,500.00)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.	.b.)	,	\$ _	403,501.00
14. LOANS RECEIVED THIS REPORTING PERIOD			\$	0.00
15. INTEREST RECEIVED THIS REPORTING PERIOD			\$	0.00
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)			\$	403,501.00
DISBURSEMENTS				
17. EXPENDITURES (other than loan payments)				
a. Unitemized Expenditures (\$100 or less each payee this period) (must be liste gasoline)	ed by cate	gory - e.g., printi	ing, p	ostage,
Bank Fees \$	15.32			
Travel Expenses \$	122.98			
Web/Email \$	16.23			
PO Box	46.00			
\$				
\$				
Total of Expenditures (\$100 or less each payee)	\$	200.5	3	
b. Itemized Expenditures (Over \$100 each payee this period)	\$_	52,381.40	0	
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)			\$_	52,581.93
18. LOAN REPAYMENTS MADE THIS PERIOD		mannuvaamma	\$	0.00
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)			\$	52,581.93
20.IN-KIND CONTRIBUTIONS				
a. Unitemized in-kind contributions (\$100 or less from each source this period).	\$_	0.00	<u> </u>	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$_	22,562.64	4	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 2	20.b.)		\$	22,562.64
21.LOANS				
LOANS OUTSTANDING (must be shown in item 10.e.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.\$_	0.00
22.OBLIGATIONS				
a. Unitemized Obligations Outstanding (\$100 or less each)	\$_	0.00)	
b. Itemized Obligations Outstanding (Over \$100 each)	\$_	0.00)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i	i item 10.f.)	. \$	0.00



ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD
Vote Yes on 2, LLC			FROM:4/1/2014	TO: 6/30/2014
A TOTAL ITEMATER CAMPAIGN COL	JEDIDLIE	IONS FROM PRESENCE PACE (anter \$0 if first its mixed no		Amount 0.00
		IONS FROM PRECEDING PAGE (enter \$0 if first itemized pa CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100		
First Name	M.I.	Leet Name/Organization Name		Amount of Contribution
Address		Tennessee Business Partnership	0	
PO Box 120965				
Nashville	State TN	Zip Code 37212		50,000.00
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name Neal & Harwell, PLLC		Amount of Contribution
Address 150 Fourth Avenue North	Suite 2	2000		
City Nashville	State TN	Zip Code 37219		20,000.00
Occupation				
Employer				
First Name	M.L.	Last Name/Organization Name Baker, Donelson, Bearman, Caldwe	ll & Berkowitz	Amount of Contribution
Address 200 First Tennessee Bldg		•		
Memphis	State TN	Zip Code 38103		50,000.00
Occupation				
Employer				
First Name Daniel	M,I.	Last Name/Organization Name Van Horn		Amount of Contribution
Address 6075 Popler Ave, Suite 50	0			
City Memphis	State TN	Zip Code 38119		500.00
Occupation Lawyer	IIN			
Employer Butler Snow, LLP				
First Name	M.I.	Last Name/Organization Name BB&S Good Government		Amount of Contribution
Address 150 Third Avenue South, S	Suite 28			
cily Nashville	State TN	Zip Code 37201		75,000.00
Occupation	IIN	37201		
Employer				
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page if		pages of this form are used.) must be shown in item 13b. of summary.)		195,500.00
,				

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

NAME OF COMMITTEE			2. REPORT COVE	ERING THE PERIOD
Vote Yes on 2, LLC			FROM:4/1/2014	
		TIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount 195,500.00
		CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100		
First Name	M.I.	Last Name/Organization Name Waller Lansden Dortch & Davis	LLP	Amount of Contribution
Address PO Box 198966				
^{City} Nashville	State TN	Zip Code 37219		75,000.00
Occupation				
Employer				
First Name E. Lynn	M.I.	Last Name/Organization Name Doughtery		Amount of Contribution
Address 131 8th Street				
Bristol Bristol	TN	^{Zip Code} 37620		1,500.00
Occupation Attorney				
E. Lynn Doughtery, Attorn	ney at La	aw		
First Name	M.L	Last Name/Organization Name Tennessee Business Partnershi	р	Amount of Contribution
Address PO Box 120965				
Nashville	State TN	37212		125,000.00
Occupation				
Employer				
First Name Tom	M.I.	Last Name/Organization Name Davenport		Amount of Contribution
PO Box 966				
Bristol	State TN	Zip Code 37621		1,000.00
Occupation Attorney				
Self-Employed				
First Name Sam	M.I.	Last Name/Organization Name Elliott		Amount of Contribution
Address 199 Woodcliff Circle				
Signal Mountian	State TN	Zip Code 37377		500.00
Occupation Attorney				
Employer Gearhiser, Peters, Elliot	& Canr	non, PLLC		
5.TOTAL ITEMIZED CONTRIBUTIONS				398,500.00
(Carry forward to item 3. of next page (If this is the last page of contributions,		pages of this form are used.) t must be shown in item 13b. of summary.)		000,000.00
45.0%			.7	

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAN	ME OF COMMITTEE				RING THE PERIOD
	Vote Yes	s on 2, I	LLC	FROM:4/1/2014	TO: 6/30/2014
					Amount
			IONS FROM PRECEDING PAGE (enter \$0 if first itemized pa CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100)		398,500.00
4. COM	WIPLETE THE APPROPRIATE HEIVI	M.I.	Last Name/Organization Name	Trom any contributor	Amount of Contribution
		IACT	Ballin, Ballin, & Fishman P.C.		7 WINDER OF CONTRIBUTION
Address	200 Jefferson Ave, Suite	1250			
City	Memphis	State TN	Zip Code 38103		2,500.00
Occupation		7.			
Employer					
First Name	T. Maxfield	M.I.	Last Name/Organization Name Bahner		Amount of Contribution
Address	718 Parson lane				
City	Signal Mountain	State TN	Zip Code 37377		2,500.00
Occupation	Senior Counsel				
Employer	Chambliss, Bahner & Sto	ophel, F	P.C.		
First Name		M.I.	Last Name/Organization Name		Amount of Contribution
Address					
City		State	Zip Code		
Occupation					
Employer					
First Name		M.I.	Last Name/Organization Name		Amount of Contribution
Address					
City		State	Zip Code		
Occupation					
Employer					
- 2		T	The Whole Constitution		Amount of Contribution
First Name Address		M.I.	Last Name/Organization Name		Amount of Contribution
City		Stale	Zip Code		
Occupation					
Employer					
5.TOTAL	ITEMIZED CONTRIBUTIONS				403 E00 00
	arry forward to item 3, of next page if		pages of this form are used.) through the must be shown in item 13b. of summary.)		403,500.00
L '"	and to the last page of contributions, to				



1. NAME OF COMMITTEE				2. REPORT COVE	RING THE PERIOD
Vote Yes	on 2, l	LC		FROM:4/1/2014	
3. TOTAL ITEMIZED EXPENDITURES F	ROM PI	RECEDING PAGE (ent	er \$0 if first itemized page)		Amount 0.00
			NDITURE (any expenditures totaling more than	\$100 to a sigle payee of	luring the period,
must be itemized.)					
First Name	Middle Na	тө	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Authorize.Net			Credit Card Processing F	105.40	
Address PO Box 947			Ordan dara r rocessing r		100.10
^{City} American Fork	State UT	Zip Code 84003			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Bass Berry Sims			Legal Fees		1500.00
Address 150 Third Avenue South, Su	ite 280	00			
^{City} Nashville	State TN	Zip Code 37201	-		,
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name CFC Strategies, Inc.			-		
Address 3724 Dunbarton Dr.			Accounting Services		800.00
City	State	Zip Code	-		
Mountain Brook	ÅL	35223			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name CFC Strategies, Ir	nc.		Accounting Services		
Address 3724 Dunbarton Dr.					800.00
City Mountain Brook	State AL	Zip Code 35223			
First Name	Middle Nai	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Crisp Communica	tions		Consulting Fees		
Address 278 Franklin Road, Suite 37	0		Consuming 1 cos		11,674.91
^{City} Brentwood	State TN	Zip Code 37027			
First Name	Middle Nar	TIE .	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Crisp Communica	tions		Consulting Fees		6,409.37
Address 278 Franklin Road, Suite 37	0		Something 1 000		0,700.01
Brentwood Brentwood	Stale TN	Zip Code 37027			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3, of next page if ac	Iditional n	ages of this form are used)		21,289.68
(If this is the last page of campaign expend	•	•			,

NAME OF COMMITTEE Vote Yes on 2, LLC				2. REPORT COVE	RING THE PERIOD	
Vote Yes	on 2,	LLC		FROM:4/1/2014		
3. TOTAL ITEMIZED EXPENDITURES F	ROM PI	RECEDING PAGE (er	nter \$0 if first itemized page)		Amount 21,289.68	
COMPLETE THE APPROPRIATE ITEMS must be itemized.)	FOR EA	CH ITEMIZED EXPEND	DITURE (any expenditures totaling more than \$	100 to a sigle payee d	uring the period,	
First Name	Middle Na	пе	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name		_	=			
Donnell Services,	LLC		Travel Expenses		383.60	
8344 Nubbin Ridge Road						
City Knoxville	State TN	Zip Code 37923				
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name DoubleTree						
Address 705 Cherokee Orchard Road	d		Travel Expenses		162.84	
City Gatlinburg	State TN	Zip Code 37738	-			
First Name	Middle Nar		Purpose of Expenditure		Amount of Expenditure	
			_			
Last Name/Business Name Fred Thompson			Travel Expenses		815.66	
Address PO Box 143					010,00	
City	State	Zip Code 37076	7			
Hermitage First Name	TN Middle Nar		Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Hertz	•					
Address 1 Terminal Drive			Travel Expenses		369.83	
City	State	Zip Code	+			
Nashville	TN	37214	Durance of Europetitus		Amount of Evoonditues	
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Office Max			7			
Address			Office Supplies		190.02	
90 White Bridge Road	State	Zip Code	-			
Nashville	TN	37205	Purpose of Expenditure		Amount of Expenditure	
First Name	Middle Nar	ene	Purpose of Experioliture		Amount of Expenditure	
Last Name/Business Name Office Max			Office Cumpling			
Address 90 White Bridge Road			Office Supplies		66.63	
City Nashville	State TN	Zip Code 37205				
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if a	ddltional p	ages of this form are use	od.)		23,278.26	
(If this is the last page of campaign expen						



1. NAME OF COMMITTEE				2. REPORT COVER	RING THE PERIOD
Vote Yes	on 2,	LLC		FROM:4/1/2014	TO: 6/30/2014
3. TOTAL ITEMIZED EXPENDITURES	EDOM D		ator \$0 if first itamized page)		Amount 23,278.26
			DITURE (any expenditures totaling more than \$	I 3100 to a sigle payee du	
must be itemized.)					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Office Max					
Address 90 White Bridge Road			Office Supplies		109.23
City Nashville	State TN	Zip Code 37205			
First Name	Middle Na	me	Purpose of Expenditure	F	Amount of Expenditure
Last Name/Business Name Office Max			-		
Address			Office Supplies		84.47
90 White Bridge Road		4)			
City Nashville	State TN	Zip Code 37205			
First Name	Middle Na	me	Purpose of Expenditure	7	Amount of Expenditure
Last Name/Business Name	- 6 TN	110	-		
Premier Parking	of IN,		Parking		320.00
Address 421 Church St					
City Nashville	State TN	Zip Code 37219			
First Name	Middle Na	me	Purpose of Expenditure	,	Amount of Expenditure
Last Name/Business Name			-		
Premier Parking	of TN,	LLC			
Address 421 Church St			Parking		270.00
City Nashville	State TN	Zip Code 37219	1		
FirstName	Middle Na		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			_		
Strategic Percept	ion Inc		Video Production		14,875.00
Address 6158 Mulholland Highway			Viacorrodución		14,075.00
City	State	Zip Code	†		
Hollywood First Name	CA Middle Na	90068	Purpose of Expenditure		Amount of Expenditure
					·
Last Name/Business Name Century II Staffing	, Inc.		Payroll		1,798.00
9020 Overlook Blvd, Suite 20	01		- Cayron		1,790.00
City Brentwood	State TN	Zip Code 37027			
5. TOTAL ITEMIZED EXPENDITURES			 		40 704 00
(Carry forward to item 3. of next page if a (If this is the last page of campaign expen-					40,734.96



1. NAME OF COMMITTEE					RING THE PERIOD	
Vote Ye	es on 2	LLC		FROM:4/1/2014	TO:6/30/2014	
					Amount 40,734.96	
3. TOTAL ITEMIZED EXPENDITURES F			nter \$0 if first itemized page) DITURE (any expenditures totaling more than \$	100 to a sigle payee d		
 COMPLETE THE APPROPRIATE ITEMS must be itemized.) 	FOR EA	OH ITEMIZED EXPEND	THORE (any expenditures totaling more than a	100 to a sigle payee of	uning the period,	
· · · · · · · · · · · · · · · · · · ·			10		Associated Five and items	
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Century II Staffing	Inc		1			
Address	, 1110.		Payroll		1,185.26	
9020 Overlook Blvd, Suite	201					
City	State	Zip Code	7			
Brentwood	TN	37027	Durnage of Europediture		Amount of Expenditure	
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Century II Staffing, Inc.			7			
	, inc.		Payroll		1,593.55	
9020 Overlook Blvd, Suite 2						
City	State TN	Zip Code	†			
Brentwood		37027				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			†			
Century II Staffing	, Inc.		Payroll	0.005.00		
Address 9020 Overlook Blvd, Suite 2	201		r aylon		2,625.39	
City	State TN	Zip Code	- 			
Brentwood		37027				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			4			
Century II Staffing	, Inc.		Boyroll			
Address 9020 Overlook Blvd, Suite 2	201		Payroll		2,840.73	
		Zip Code	4			
Cily Brentwood	State TN	37027				
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
			_			
Last Name/Business Name Hertz						
Address			Travel Expenses		149.09	
1 Terminal Drive			_			
City Nashville	State TN	Zip Code 37214	1			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
			_			
Last Name/Business Name Shell			Travel Evnence			
Address			Travel Expenses		30.77	
580 Donelson Pike	La.		4			
Cily Nashville	State TN	Zip Code 37214				
5. TOTAL ITEMIZED EXPENDITURES						
(Carry forward to item 3. of next page if a					49,159.75	
(If this is the last page of campaign expen-	ditures, thi	s amount must be shown	n in item 17b. of summary.)			



1. NAME OF COMMITTEE				2. REPORT COVE	RING THE PERIOD
				FROM:4/1/2014	TO: 6/30/2014
3. TOTAL ITEMIZED EXPENDITURES	FROM P	RECEDING PAGE (6	enter \$0 if first itemized page)		Amount 49,159.75
			IDITURE (any expenditures totaling more than \$	100 to a sigle payee d	uring the period,
must be itemized.)					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			-		
Shell			Travel Expenses		58.26
Address 580 Donelson Pike			Travel Emperies		00.20
City Nashville	State TN	Zip Code 37214			
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Shell					
Address			Travel Expenses		74.92
6646 Poplar Ave	State	Zip Code	_		
Memphis	TN	38119			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			-		
Westin			Travel Expenses		274.28
Address 170 Lt. George W. Lee Ave	•=		·		
^{City} Memphis	State TN	Zip Code 38103			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Century II Staffing	, Inc.		Payroll		572.45
Address 9020 Overlook Blvd, Suite			T dyron		572.45
City	State TN	Zip Code 37027	7		
FirstName	Middle Na		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Century II Staffing	, Inc.		─		0.044.74
Address 9020 Overlook Blvd, Suite 2			Payroll		2,241.74
City	State	Zip Code	-		
Brentwood	TN	37027			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			7		
Address			_		
Livings					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES					t
(Carry forward to item 3. of next page if a					52,381.40
(If this is the last page of campaign exper	iditures, th	is amount must be show	vn in item 17b. of summary.)		L



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE				2. REPORT COVER	
Vote Y	es on 2, LL	C		FROM:4/1/2014	TO: 6/30/2014
3. TOTAL ITEMIZED IN-KIND CONTRIBU	TIONS FROM F	PRECEDING PAGE (enter \$0 if first itemized page)		Amount 0.00
4. COMPLETE THE APPROPRIATE ITEM	IS FOR EACH I	TEMIZED IN-KIND C	CONTRIBUTION (in-kind contribution	s totaling more than \$100 from ar	ny contributor during the period)
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name Tennessee E	Business Pa	artnership			
Address PO Box 120965			Professional Ser	vices	20,716.47
^{Cily} Nashville	State TN	Zip Code 37212			
Occupation		<i>x</i> .			
Employer					
Firsl Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name Baker, Donelson, Bearman, Cal	dwell & Ber	kowitz, PC			
Address 211 Commerce Street, Su	ite 800		Office Rent		1,846.17
City Nashville	State TN	Zip Code 37201			
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
First Name Last Name/Organization Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name	Middle Name	Zíp Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name Address City Occupation		Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name Address City		Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name Address City Occupation		Zíp Code	Description of In-Kind Contribution Description of In-Kind Contribution		Value of In-Kind Contribution Value of In-Kind Contribution
Last Name/Organization Name Address City Occupation Employer	State	Zip Code			
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code			
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State	Zip Code			
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Name				
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Name				
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Middle Name State	Zip Code	Description of In-Kind Contribution		

